### **Main Workshop Registration**



### 2006 National Workshop on State Building Energy Codes

July 31-August 3, 2006 – Denver, Colorado

Hotel Confirmation #:		
Name to appear on badge:		
Occupation/Title:		
Company Address:		
Address, line 1:		
Address, line 2:		
City:	State/Province:	ZIP/Postal Code:
Country:	E-mail:	
Telephone #:	Fax #:	
My occupation is best described a	s:	
☐ Architect	☐ Energy Code Advocate	Product Manufacturer
☐ Builder	☐ Engineer	Utility
☐ Code Official	☐ Federal Government	☐ Estimator
Other		
Special dietary requirements:		
☐ Vegan ☐ Vegetarian ☐	☐ Kosher ☐ Other, please identify:	
		rkshop on State Building Energy Codes meet the you may have:
Registration Type:		
☐ I will attend the Buildi	August 3; minimum two-night hotel reserving Tours on Monday, July 31.  g on a group outing Tuesday, August 1	ation required.)
• • • •	eservation required): Tues., Aug. 1 g on a group outing Tuesday, August 1	☐ Wed., Aug. 2 ☐ Thurs., Aug. 3
Please submit completed regist	ration forms to:	

DOE 2006 Building Codes Workshop Fax: +1 (540) 937-7848 c/o CEM, Inc. 1474 Freeman Drive Amissville, VA 20106

#### Cancellations/Substitutions:

Registration cancellations will be accepted until July 14, 2006. After this date, you will be charged your two-night minimum stay at the hotel and only substitutions can be made. You may substitute attendees at any time by sending written notice of the change to the Workshop

Please note that if you cancel your hotel reservation for any reason, your full workshop registration will also be cancelled. If you are making a substitution on your registration, you must also make the change to your hotel reservation.

Send written notice of registration cancellation or changes via email to buildingcodes@doeevents.com or fax to +1 (540) 937-7848.

## **Pre- and Post-Workshop Training Registration**



# 2006 National Workshop on State Building Energy Codes July 31-August 3, 2006 – Denver, Colorado

First Name:	Last Name:	
Name to appear on badge:		
Occupation/Title:		
Company:		
Company Address:		
Address, line 1:		
Address, line 2:		
		ZIP/Postal Code:
Country:	E-mail:	
Telephone #:	Fax #:	
My occupation is best described	as:	
☐ Architect	☐ Energy Code Advocate	☐ Product Manufacturer
☐ Builder	☐ Engineer	Utility
Code Official	☐ Federal Government	☐ Estimator
☐ Other		
Americans with Disabilities Act	(ADA). Please identify any special needs	rkshop on State Building Energy Codes meet the you may have:
Pre- and Post-Workshop Traini	ng:	
Please select your Pre- and Post only those sessions that you defit		er that we may maintain accurate counts, please select
☐ 1:00 p.m4:30 p.m	- Commercial Requirements of the 2006 IEC Residential Requirements of the 2006 IEC	
Thursday, August 3		

### Please submit completed registration forms to:

DOE 2006 Building Codes Workshop Fax: +1 (540) 937-7848 c/o CEM, Inc. 1474 Freeman Drive Amissville, VA 20106

#### Cancellations/Substitutions:

Substitutions and cancellations may be made at any time by sending written notice of the change to the Workshop registration office. All cancellations or changes can be sent via email to buildingcodes@doeevents.com or fax to +1 (540) 937-7848.

If you have questions about registration, please contact:

Kim Preiss at CEM, Inc.

(Monday - Friday, 9:00 a.m.-5:00 p.m. Eastern Daylight Time)

☐ 1:00 p.m.-5:00 p.m.- Post-Workshop Training

Toll Free: (800) 608-7141 Local: +1 (540) 937-1739